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COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND SYSTEM FOR PAYMENT TRANSACTION

the specification of which: (check one)

REGULAR OR DESIGN APPLICATION

[]	is attached hereto.
[]	was filed on as application Serial No.
	(if applicable).
	PCT FILED APPLICATION ENTERING NATIONAL STAGE
[x]x	was described and claimed in International application No. PCT/NO00/00230 filed on 4 July 2000 and as amended on 13 Sept 2001 (if any).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

PRIORITY CLAIM

I hereby claim foreign priority benefits under 35 USC 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN APPLICATION(S)

Country	Application Number	Date of Filing (day, month, year)	Priority Claimed
Norway	1999 3332	5 July 1999	yes
Notway			

(Complete this part only if this is a continuing application.)

I hereby claim the benefit under 35 USC 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 USC 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

				•	
(Application Serial No.)	(F	iling Date)	(Stat	tus-patented, pending, abandoned)	

	POWER OF ATTOMICS	
	The undersigned hereby authorizes the U.S. attorney or agent named herei ONSAGERS AS as to any action to be taken in the Patent an without direct communication between the U.S. attorney or agent and the persons from whom instructions may be taken, the U.S. attorney or agent name	undersigned. In the event of a change in the dherein will be so notified by the undersigned.
+	As a named inventor, I hereby appoint the following attorney(s) to all business in the Patent and Trademark Office connected therewi Andrew J. PATCH, Reg. No. 32,925, Robert F. HARGEST, Reg. 35,041, Eric JENSEN, Reg. No. 37,855, Thomas W. PERKINS, R Jr., Reg. No. 41,949, c/o YOUNG & THOMPSON, Second Flovirginia 22202.	No. 25,590, Benoît CASTEL, Reg. No. 25,590, Benoît CASTEL, Reg. No. 33,027, and Roland E. LONG.
	Address all telephone calls to Young & Thompson at 703/521	
	I hereby declare that all statements made herein of my own known made on information and belief are believed to be true; and for with the knowledge that willful false statements and the like imprisonment, or both under Section 1001 of Title 18 of the U false statements may jeopardize the validity of the application	e so made are punishable by fine on the states are punishable by fine on the states are the such willful the such will the such wi
	Full name of sole or first inventor: (given name, family name) Inventor's signature Jens Petrer Høil Liver Høil	Date 1 1-2002
0	Residence: Fredrikstad, Norway	Citizenship: Norwegian
	Post Office Address: Sigrid Undsets vei 5, N-161	9 Fredrikstad, Norway
	Full name of second joint inventor, if any: (given name, family name)	
÷	Inventor's signature	Date
	Residence:	Citizenship:
	Post Office Address:	
	Full name of third joint inventor, if any: (given name, family name)	
	Inventor's signature	Date
	Pasidanca:	Citizenship:

Post Office Address: